

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/067829**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		2					52						
4		2					53						
5	1						54						
6		1					55						
7	1						56						
8	1						57						
9		3					58						
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46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	4						100						
TOTAL DEP.	9						TOTAL IND.						
TOTAL CLAIMS	13						TOTAL DEP.						
							TOTAL CLAIMS						